

FORM **MEPS-15(S)**
(7-1-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey
HEALTH INSURANCE COST STUDY
Health Plan Questionnaire

Start here

A FEW IMPORTANT INSTRUCTIONS

1. Companies in this study will receive up to three blank MEPS-15(S), Health Plan Questionnaires. Please read the following instructions to determine how many of these questionnaires you should complete. You may use photocopies of this questionnaire if sufficient copies were not included in your reporting package.
2. **If you offered ONLY one hospital/physician plan to your active employees in 1997 –**
 - a. Complete ONLY the first MEPS-15(S) for this plan, and
 - b. Complete the MEPS-15(E), Establishment Worksheet.
3. **If you offered MORE THAN ONE hospital/physician plan to your active employees in 1997 –**
 - a. Complete a MEPS-15(S) for one "Representative Plan" from each of the provider categories in which your company offers enrollment, (SEE DEFINITIONS BELOW), and
 - b. Complete the MEPS-15(E), Establishment Worksheet.

DEFINITIONS

Representative Plan – Choose a plan from each of the provider categories listed below in which your company offers coverage. Report for the representative plan that:

- a. Was offered within at least one of the establishments listed on the MEPS-15(E), Establishment Worksheet.
– OR –
- b. Maintained similar cost and benefit coverages Nationwide. (HMO plans differ by region, report for a plan which represents all regions)
– OR –
- c. Maintained the largest enrollment (Nationwide),

Provider Categories –

Exclusive Provider Plan – (HMO, IPA, and EPO plans),

- **Exclusive providers** – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any Provider Plan – (Conventional and Indemnity plans),

- **Any providers** – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture Provider Plan – (PPO and POS plans).

- **Mixture of preferred and any providers** – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

PLAN CHARACTERISTICS

Complete one MEPS-15(S), Health Plan Questionnaire for each "provider category" in which your company offers coverage.

1. For which type of health care provider will you be completing this section?

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- 1 **Exclusive providers**
(Examples: Most HMO, IPA, and EPO-type plans)
- 2 **Any providers**
(Examples: Most conventional or indemnity plans)
- 3 **Mixture of preferred and any providers**
(Examples: Most PPO and POS-type plans)

PLAN CHARACTERISTICS – Continued

Single coverage premiums

*Report for typical situations and enrollees.
If cost varies, report for an average employee.*

8a. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?

131 \$, . 0 0 Employer contribution

b. How much did this typical employee with single coverage contribute towards his/her own premium?

132 \$, . 0 0 Employee contribution

c. What was the total premium for this typical employee with single coverage?

130 \$, . 0 0 **Total premium**
If this was a self-insured plan, this total should be the same as 5d on page 3.

d. How frequently was the premium in question 8c paid?

- 133
- 1 Weekly
 - 2 Every 2 weeks
 - 3 Monthly
 - 4 Yearly

Family coverage premiums

*Report for typical situations and enrollees.
Report for a family of four if cost varies by family size.
If cost varies, report for an average employee.*

9a. Was family coverage offered under this plan?

- 137
- 1 Yes – Continue with Question 9b
 - 2 No – SKIP to Question 10a

b. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?

135 \$, . 0 0 Employer contribution
Report for the same premium period as in Question 8d.

c. How much did this typical employee with family coverage contribute towards his/her own premium?

136 \$, . 0 0 Employee contribution
Report for the same premium period as in Question 8d.

d. What was the total premium for this typical employee with family coverage?

134 \$, . 0 0 **Total premium**
If this was a self-insured plan, this total should be the same as 5e on Page 3.

PLAN CHARACTERISTICS – Continued

Plan characteristics

17a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?

- 183 1 Yes – Continue with Question 17b
 2 No – SKIP to Question 18

b. Did this happen in 1997?

- 184 1 Yes
 2 No

18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

- 185 1 Yes
 2 No

19. In what month did the plan year begin?

Enter a two-digit numeric response.
 Example: January = 01; May = 05

123 Month

20. Which of the services listed were covered by this plan?

Mark (X) all that apply.

- 164 Routine mammograms
- 165 Adult routine physical exams
- 166 Routine pap smears
- 167 Office visits for prenatal care
- 168 Adult immunizations
- 169 Child immunizations
- 170 Well-baby care, under 1 year
- 171 Well-child care, 1–4 years
- 173 Chiropractic care
- 174 Other non-physician providers (such as physical therapists, podiatrists, and midwives)
- 175 Outpatient prescriptions
- 176 Routine dental care
- 177 Orthodontic care
- 178 Skilled nursing facility (convalescent care)
- 179 Home health care
- 180 Inpatient mental illness
- 181 Outpatient mental illness
- 182 Alcohol/substance abuse treatment

